

Kidsville is seeking self-motivated, creative, energetic young adults who love working with children!

Now accepting applications for the following positions:

- Site Director
- Team Lead
- Team Member

Part-time | Monday — Friday, 3 - 6:30 p.m.

Submit your application by emailing kellymassey@kidsvilleinc.com



KIDSVILLE INC. | Employment Application



APPLICA	ANT II	NFORM	IATION													
Last Name:					First 1	Name:	ne:			M.I.:		D.O.B.:				
Street Address:						Apartment/Unit #:										
City:					State	e:	ZIP:									
Phone:					E-ma	ail Addr	Address:									
Available Starting Date: Social Secur					curity No.	:	Desired Salary: \$									
Driver's License Number:						Please note: We will also require a copy of your state driver's						state driver's	license.			
Are you a citizen of the United States? YES N				NO	Ifı	If no, are you authorized to work in the U.S.? YES NO					NO					
Have you ever worked with children? YES N				NO	Ifs	If so, where?										
Have you e	ver bee	en convict	ed of a felon	y?	YES	NO	If	If yes, explain:								
EDUCAT																
High Schoo	ol:				Address	:				1						
From:	To: Did you graduate?			aduate?	YES	NO	NO Degree:									
College:						Address										
From:	To: Did you g		Did you gr	aduate?	uate? YES)	Degree:								
Other:		I			Address											
From:		То:		Did you gr	raduate?	YES	NO	NO D		egree:						
REFERE																
		rofession	ıl references.													
Full Name:					Relationship:											
Company:								Phone:								
	Address:					Emai	l:									
Full Name:					Relationship:											
Company:					Phone:											
Address:					Email:											
Full Name:					Relationship:											
Company:					Phone:											
Address:						Emai	1:									
								T mone.	Emai	1:						

Office Only!

Hire Date: Termination or Resignation Date: Ending Rate:

Rate:

PREVIOUS EMPLOYMENT									
Company:		Phone:							
Address:		Supervisor:							
Job Title:		Starting Salary:	\$		Ending Salary: \$				
Responsibilities:		<u>'</u>							
From: To:	Reason for Leaving:								
May we contact your previous superviso	r for a reference?	NO	NO						
Company:		Phone:							
Address:		Supervisor:							
Job Title:	Starting Salary:	\$		Ending Salary: \$					
Responsibilities:									
From: To:	Reason for Leaving:								
May we contact your previous supervisor for a reference? YES NO									
Company:		Phone:							
Address:			Supervisor:						
Job Title:		Starting Salary:	\$		Ending Salary: \$				
Responsibilities:	Responsibilities:								
From: To:	rom: To: Reason for Leaving:								
May we contact your previous supervisor for a reference? YES NO									
EMERGENCY CONTACT									
Person to notify:			Phone #:						
Relationship:			Alternate #:						
Address:									
DISCLAIMER AND SIGNATURE									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview									
may result in my release.									
Signature:			Date:						

Office Only!

Hire Date: Termination or Resignation Date:

Rate:

Ending Rate:

Kidsville Questionnaire

1. Tell me about a time you had to interact with an upset pa	arent or customer?
2. Tell me about a time you had to mediate a dispute betwe	en two children or individuals?
3. Pick three words to describe yourself and why? Dependable, Loyal, Friendly, Organized, Careless, Sluggis Wasteful, Emotional, Slacker, Silent, Trainable, Spontaneo 1. I would describe myself as	ous, Mellow, Reliable
2. I would describe myself as	because
3. I would describe myself as	because

Submit your completed application by emailing kellymassey@kidsvilleinc.com

Office Only!
Hire Date: Termination or Resignation Date:

Ending Rate:

Rate: